

19-006 STANDARDS OF OPERATION, CARE AND TREATMENT

19-006.01 Licensee The licensee must determine, implement and monitor policies to assure that the facility is administered and managed appropriately. The licensee's responsibilities include:

1. Monitoring policies to assure appropriate administration and management of the facility;
2. Ensuring the facility's compliance with all applicable state statutes and relevant rules and regulations;
3. Ensuring the quality of all services, care and treatment provided to clients whether those services, care or treatment are furnished by facility staff or through contract with the facility;
4. Designating an administrator who is responsible for the day to day management of the facility;
5. Defining the duties and responsibilities of the administrator in writing;
6. Notifying the Department in writing within five working days when a vacancy in the administrator position occurs, including who will be responsible for the position until another administrator is appointed;
7. Notifying the Department in writing within five working days when the administrator vacancy is filled indicating effective date and name of person appointed administrator;

8. Ensuring clients are provided with a stable and supportive environment, through respect for the rights of clients and responsiveness to client needs;
9. Receiving periodic reports and recommendations regarding the quality assurance/performance improvement (QA/PI) program;
10. Implementing programs and policies to maintain and improve the quality of client care and treatment based on QA/PI reports; and
11. Ensuring that staff levels are sufficient to meet the clients needs.

19-006.02 Administration The administrator is responsible for planning, organizing, and directing the day to day operation of the mental health center. The administrator must report and be directly responsible to the licensee in all matters related to the maintenance, operation, and management of the facility. The administrator's responsibilities include:

1. Being on the premises a sufficient number of hours to permit adequate attention to the management of the mental health center;
2. Ensuring that the mental health center protects and promotes the client's health, safety, and well-being;
3. Maintaining staff appropriate to meet clients' needs;
4. Designating a substitute, who is responsible and accountable for management of the facility, to act in the absence of the administrator.
5. Developing procedures which require the reporting of any evidence of abuse, neglect, or exploitation of any client served by the facility in accordance with Neb. Rev. Stat. Section 28-732 of the Adult Protective Services Act or in the case of a child, in accordance with Neb. Rev. Stat. Section 28-711; and
6. Ensuring an investigation is completed on suspected abuse, neglect or exploitation and that steps are taken to prevent further abuse and protect clients.

19-006.03 Staff Requirements The facility must maintain a sufficient number of staff with the required training and skills necessary to meet the clients' needs. The facility must provide care and treatment to clients in a safe and timely manner.

19-006.03A Facility Staffing: The facility must at all times maintain enough staff to provide adequate care to meet the client population's requirements for care and treatment, including needs for therapeutic activities, supervision, support, health, and safety.

19-006.03B Employment Eligibility:

19-006.03B1 Staff Credentialing: The facility must ensure that:

1. Any staff person providing a service for which a license, certification, registration or credential is required holds the license, certification, registration or credential in accordance with applicable state laws;
2. The staff have the appropriate license, certification, registration or credential prior to providing a service to clients; and

3. It maintains evidence of the staff having appropriate license, certification, registration or credential.

19-006.03C Health Status of Facility Staff: The facility must establish and implement policies and procedures regarding the health status of staff who provide direct care or treatment to clients to prevent the transmission of infectious disease. The facility:

1. Must complete a health screening for each staff person prior to assuming job responsibilities.
2. May, in its discretion, based on the health screening require a staff person to have a physical examination.

19-006.03D Staff Training: The facility must provide staff with sufficient training to meet client needs for care and treatment.

19-006.03D1 Initial Orientation: The facility must provide staff with orientation prior to the staff person having direct responsibility for care and treatment of clients. The training must include:

1. Client rights;
2. Job responsibilities relating to care and treatment programs and client interactions;
3. Emergency procedures including information regarding availability and notification;
4. Information on any physical and mental special needs of the clients of the facility; and
5. Information on abuse, neglect, and misappropriation of money or property of a client and the reporting procedures.

19-006.03D2 Ongoing Training: The facility must provide each staff person ongoing training in topics appropriate to the staff person's job duties, including meeting the needs, preferences, and protecting the rights of the clients in the facility.

19-006.03E Staff Records: The facility must maintain written documentation:

1. To support facility decisions regarding staffing of the facility, staff credentials, and staff health status; and
2. Regarding staff orientation and ongoing training.

19-006.04 Client Rights

19-006.04A The facility must:

EFFECTIVE DATE
12/22/03

NEBRASKA HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE

175 NAC 19

1. Ensure that the client is aware of the rights listed in 175 NAC 19-006.04B upon admission and for the duration of the stay;
2. Operate so as to afford the client the opportunity to exercise these rights; and
3. Protect and promote these rights.

19-006.04B The client must have the right:

1. To be informed in advance about care and treatment and of any changes in care and treatment that may affect the client's well-being;
2. To self-direct activities and participate in decisions regarding care and treatment;
3. To confidentiality of all records, communications, and personal information;
4. To voice complaints and file grievances without discrimination or reprisal and to have those complaints and grievances addressed;
5. To examine the results of the most recent survey of the facility conducted by representatives of the Department;
6. To privacy in written communication including sending and receiving mail consistent with individualized service plans;
7. To receive visitors as long as this does not infringe on the rights and safety of other clients and is consistent with individualized service plans;
8. To have access to a telephone where calls can be made without being overheard when consistent with individualized service plans;
9. To retain and use personal possessions, including furnishings and clothing as space permits, unless to do so would infringe upon the rights and safety of other clients;
10. To be free of restraints except when provided as in 175 NAC 19-006.12;
11. To be free of seclusion in a locked room, except as provided in 175 NAC 19-006.12;
12. To be free of physical punishment;
13. To exercise his or her rights as a client of the facility and as a citizen of the United States;
14. To be free from arbitrary transfer or discharge;
15. To be free from involuntary treatment, unless the client has been involuntarily committed by appropriate court order;
16. To be free from abuse and neglect and misappropriation of their money and personal property; and
17. To be informed prior to or at the time of admission and during stay at the facility of charges for care, treatment, or related charges.

19-006.05 Complaints/Grievances The facility must establish and implement procedures for addressing complaints and grievances from clients, staff, and others.

19-006.05A The facility must have a procedure regarding submission of complaints and grievances available to clients, staff, and others.

19-006.05B The facility must document efforts to address complaints and grievances received in a timely manner.

19-006.05C The facility must ensure that the telephone number and address of the Department is readily available to clients, staff, and others who wish to lodge complaints and grievances.

19-006.06 Facility House Rules The facility must develop reasonable house rules outlining operating protocols concerning, but not limited to, meal times, night-time quiet hours, guest policies and smoking. The facility must provide the clients an opportunity to review and provide input into any proposed changes to house rules before the revisions become effective. The house rules must be:

1. Consistent with client rights;
2. Posted in an area readily accessible to clients; and
3. Reviewed and updated, as necessary.

19-006.07 Quality Assurance/Performance Improvement The facility must conduct an ongoing comprehensive, integrated assessment of the quality and appropriateness of care and treatment provided. The facility must use the findings to correct identified problems and to revise facility policies, if necessary.

19-006.07A Those responsible for the quality assurance/performance improvement program must:

1. Implement and report on activities and mechanisms for monitoring the quality of client care and treatment;
2. Identify and resolve problems;
3. Make suggestions for improving care and treatment;
4. Maintain documentation of quality assurance/performance improvement activities;
5. Report results of the quality assurance/performance improvement activities to the licensee; and
6. Provide for client participation.

19-006.08 Care and Treatment Requirements The facility must ensure that all clients receive care and treatment in accordance with the facility's program and that the facility meets each client's identified needs.

19-006.08A Program Description: The facility must have a written program description that is available to staff, clients and members of the public explaining the range of care and treatment provided. The description must include the following:

1. Specific care and treatment activities provided by the facility;
2. Availability of staff to provide care and treatment activities, including job responsibilities for meeting care and treatment needs of client population;

3. Characteristics of the persons to be served;
4. Staff composition and staffing qualification requirements;
5. Admission and discharge processes, including criteria for admission and discharge;
6. Referral mechanisms for services outside the facility;
7. The client admission and ongoing assessment and evaluation procedures used by the facility, including individualized service plan process;
8. Plan for providing emergency care and treatment, including use of facility approved interventions to be used by staff in an emergency situation;
9. Quality assurance/performance improvement process, including who will be responsible for the program and how results will be utilized to improve care and treatment; and
10. System governing the reporting, investigation, and resolution of allegations of abuse, neglect and exploitation.

19-006.08B Policies and Procedures: The facility must establish policies and procedures to implement the facility's program as described in 175 NAC 19-006.08A.

19-006.08C Annual Review: The facility must review all elements of the written program description as listed in 175 NAC 19-006.08A at least annually. The facility must document the results of the annual review. Relevant findings from facility's quality assurance/performance improvement program for the purpose of improving client treatment and resolving problems in client care and treatment must be included in the review process. The licensee must revise the program description, as necessary, to reflect accurately the care and treatment the facility is providing.

19-006.09 Admission and Retention of Clients: The facility must ensure that its admission practices meet the client's identified needs and conform with the facility's program description.

19-006.09A Admission Criteria: The facility must have written criteria for admission that includes each level of care and the components of care and treatment provided by the facility. The written criteria must include how eligibility for admission is determined based on:

1. Identification of client need for care and treatment, including the severity of the presenting problem;
2. Rationale for determining appropriate level of care and treatment; and
3. Need for supervision and other issues related to providing care and treatment.

19-006.09B Admission Decisions: The facility must ensure that the decision to admit a client is based upon the facility's admission criteria and the facility's capability to meet the identified needs of the client.

19-006.09C Client Admission: The facility must provide an orientation to each new client that includes an explanation of the facility house rules, client rights, fee policy, conditions under which residency would be terminated and a general description of available activities. This client orientation must be provided within 24 hours of admission.

19-006.10 Care and Treatment Activities Provided The facility must provide for the following care and treatment activities to meet client needs on an ongoing basis in a manner that respects clients' rights, promotes recovery and affords personal dignity:

1. Provision of adequate shelter and arrangements for food and meals;
2. Provision of care and treatment to meet client identified needs;
3. Medical and clinical oversight of client needs as identified in the client assessment;
4. Assistance with acquiring skills to live as independently as possible;
5. Assistance and support, as necessary, to enable clients to meet personal hygiene and clothing needs;
6. Assistance and support, as necessary, to enable clients to meet their laundry needs, which includes access to washers and dryers so that clients can do their own personal laundry;
7. Assistance and support, as necessary, to enable clients to meet housekeeping needs essential to their health and comfort, including access to materials needed to perform their own housekeeping duties;
8. Activities and opportunities for socialization and recreation both within the facility and in the community;
9. Health-related care and treatment; and
10. Assistance with transportation arrangements.

19-006.11 Mental Health Services: The facility must arrange for access to mental health services on a routine and ongoing basis to meet the identified client needs. The facility must assist the client in keeping appointments and participating in treatment programs.

19-006.11A Professional Services: The facility must arrange for licensed mental health professional services consistent to meet client population served and individual client needs on an ongoing basis.

19-006.11B Emergency Services: The facility must make arrangements for care of client emergencies on a 24 hour, 7 day a week basis. Arrangements must include the following:

1. Access to qualified facility staff trained to handle psychiatric behaviors who must be available to provide care and treatment;
2. Plan for provision of emergency treatment, including circumstances when restraint use may be necessary and how facility staff will respond; and

3. Plan to provide safety to clients who pose an imminent danger to themselves or others, which may include transfer to an appropriate facility.

19-006.12 Use of Restraints and Seclusion: The mental health center must not use restraints and/or seclusion except as provided in 175 NAC 19-006.12. Restraint and/or seclusion includes the following interventions:

1. Seclusion;
2. Mechanical restraint;
3. Chemical restraint;
4. Manual restraint; and
5. Time-out.

19-006.12A Secured Environment Facilities: A mental health center that provides a secured and protective environment by restricting a client's exit from the facility or its grounds through the use of approved locking devices on exit doors or other closures must be accredited by an approved qualifying organization. The approved qualifying organizations are:

1. Joint Commission on Accreditation of Healthcare Organizations;
2. Commission on Accreditation of Rehabilitation Facilities; and
3. Council on Accreditation for Children and Family Services.

The facility must ensure compliance with the approved qualifying organization's requirements, Building Code requirements and Life Safety Code requirements regarding secured environments.

19-006.12B Use of Restraints and Seclusion in Accredited Facilities: A mental health center that is accredited by an approved qualifying organization may use restraint and seclusion methods as part of a client's treatment plan. The facility must comply with approved qualifying organization's requirements for initiation and continued use of restraint and seclusion.

19-006.12C Use of Restraints and Seclusion in Non-accredited Facilities: A non-accredited mental health center is prohibited from using mechanical and chemical restraints and seclusion. The facility must establish alternative and less restrictive methods for staff to use in the place of restraints and seclusion to deal with client behaviors.

19-006.12C1 A non-accredited mental health center may use manual restraint and/or time out as therapeutic techniques only after it has:

1. Written policies and procedures for the use of manual restraint and time-out;
2. Documented physician approval of the methods used by the facility;

3. Trained all staff who might have the occasion to use manual restraints and/or time-out in the appropriate methods to use in order to protect client safety and rights; and
4. Developed a system to review each use of manual restraint or time-out. The facility must ensure the review process includes the following requirements:
 - a. That each use of manual restraint or time-out be reported to the administrator for review of compliance with facility procedures; and
 - b. That documentation of each use of manual restraint or time-out include a description of the incident and identification of staff involved.

19-006.12C2 A non-accredited mental health center may use manual restraint and/or time out as therapeutic techniques only in the following circumstances:

1. An emergency situation where the safety of the client or others is threatened;
2. The implementation and failure of other less restrictive behavior interventions; and
3. Use of manual restraint and/or time out only by staff who are trained as described in 175 NAC 19-006.12C1, item 3.

19-006.13 Client Assessment Requirements: The facility must complete the following assessments prior to the development of the individualized service plan:

1. Assessments of current functioning according to presenting problem including community living skills, independent living skills and emotional psychological health;
2. Basic medical history and information, determination of the necessity of a medical examination or the results of the medical examination;
3. Current prescribed medications and, if available, history of medications used; and
4. Summary of prior mental health treatment and, if available, service system involvement.

19-006.14 Individualized Service Plan: Within 30 days of admission, the facility must develop for each client a written plan which is based on admission assessment and ongoing assessment information.

19-006.14A The individualized service plan must be in writing and include the following:

1. Client's name;
2. Date of development of the plan;

3. Specified client care and treatment needs to be addressed including therapeutic activities, behavioral concerns, self-care, physical and medical needs, and medication regimen;
4. Client goals related to specified needs identified that are to be addressed;
5. Interventions addressing the plan goals and who will be responsible for ensuring interventions are carried out as planned;
6. Documentation of client participation in the planning process;
7. Planned frequency and identification of contacts; and
8. Documentation of collaboration with the primary mental health professional in development of the individualized service plan.

19-006.14B Individualized Service Plan Review: The individualized service plan must be reviewed every six months and revised as necessary to ensure current client needs are being addressed on an ongoing basis.

19-006.15 Supportive Services: The facility must know about services provided by other agencies and ensure that there is coordination with those agencies in the provision of care and treatment to each client. The care and treatment activities provided by other agencies must be included in each client's individualized service plan.

19-006.16 Health Management: The facility must ensure that each client is offered medical attention when needed. Arrangements for health services must be made with the consent of the client and/or designee.

19-006.16A Admission Health Screening: The facility must ensure that each client has a health screening, which includes evaluation for infectious disease, within 30 days of admission unless the client has had a physical examination by a licensed practitioner within 90 days prior to admission.

19-006.16B Regular Health Screenings: The facility must ensure that each client has access to a qualified health care professional who is responsible for monitoring his/her health care. Regular health screenings must be done in accordance with the recommendations of the qualified health care professional.

19-006.16C Emergency Medical Services: The facility must have a written, detailed plan to access medical emergency services as a timely response to client emergencies.

19-006.16D Supervision of Nutrition: The facility must monitor clients assessed as having nutritional needs and provide appropriate care, treatment or referral to meet the identified nutritional needs.

19-006.16E Administration of Medication: Each facility must establish and implement policies and procedures to ensure that clients receive medications only as legally prescribed by a medical practitioner in accordance with the five rights and with prevailing professional standards.

19-006.16E1 Methods of Administration of Medication: When the facility is responsible for the administration of medication, it must be accomplished by the following methods:

19-006.16E1a Self-administration of Medications: Clients may be allowed to self-administer medications, with or without supervision, when the facility determines that the client is competent and capable of doing so and has the capacity to make an informed decision about taking medications in a safe manner. The facility must develop and implement policies to address client self-administration of medication, including:

1. Storage and handling of medications;
2. Inclusion of the determination that the client may self-administer medication in the client's individualized service plan; and
3. Monitoring the plan to assure continued safe administration of medications by the client.

19-006.16E1b Licensed Health Care Professional: When the facility uses a licensed health care professional for whom medication administration is included in the scope of practice, the facility must ensure the medications are properly administered in accordance with prevailing professional standards.

19-006.16E1c Provision of Medication by a Person other than a Licensed Health Care Professional: When the facility uses a person other than a licensed health care professional in the provision of medications, the facility must follow 172 NAC 95, Regulations Governing the Provision of Medications by Medication Aides and Other Unlicensed Persons and 172 NAC 96, Regulations Governing the Medication Aide Registry.

The facility must establish and implement policies and procedures:

1. To ensure that medication aides and other unlicensed persons who provide medications are trained and have demonstrated the minimum competency standards specified in 172 NAC 96-004;
2. To ensure that competency assessments and/or courses for medication aides and other unlicensed persons are provided in accordance with the provision of 172 NAC 96-005.
3. That specify how direction and monitoring will occur when the facility allows medication aides and other unlicensed

persons to perform the routine/acceptable activities authorized by 172 NAC 95-005 and as follows:

- a. Provide routine medication; and
 - b. Provision of medications by the following routes:
 - (1) Oral which includes any medication given by mouth including sublingual (placing under the tongue) and buccal (placing between the cheek and gum) routes and oral sprays;
 - (2) Inhalation which includes inhalers and nebulizers, including oxygen given by inhalation;
 - (3) Topical applications of sprays, creams, ointments, and lotions and transdermal patches;
 - (4) Instillation by drops, ointments, and sprays into the eyes, ears, and nose.
4. That specify how direction and monitoring will occur when the facility allows medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-009, which include but are not limited to:
 - a. provision of PRN medication;
 - b. provision of medications by additional routes including but not limited to gastrostomy tube, rectal, and vaginal; and/or
 - c. documented in client records.
5. That specify how competency determinations will be made for medication aides and other unlicensed persons to perform routine and additional activities pertaining to medication provision.
6. That specify how written direction will be provided for medication aides and other unlicensed persons to perform the additional activities authorized by 172 NAC 95-009.
7. That specify how records of medication provision by medication aides and other unlicensed persons will be recorded and maintained.
8. That specify how medication errors made by medication aides and other unlicensed persons and adverse reactions to medications will be reported. The reporting must be:

- a. Made to the identified person responsible for direction and monitoring;
- b. Made immediately upon discovery; and
- c. Documented in client records.

19-006.16E2 When the facility is not responsible for administration or provision, the facility must maintain responsibility for overall supervision, safety, and welfare of the client.

19-006.16E3 Reporting of Medication Errors: The facility must have policies and procedures for reporting any errors in administration or provision of prescribed medications. Any variance from the five rights must be reported as an error:

1. To the client's licensed practitioner;
2. In a timely manner upon discovery; and
3. By written report.

19-006.16E4 Storage of Medication: All medications must be stored in locked areas and stored in accordance with the manufacturer's instructions for temperature, light, humidity, or other storage instructions.

19-006.16E5 Access to Medication: The facility must ensure that only authorized staff who are designated by the facility to be responsible for administration or provision of medications have access to medications.

19-006.16E6 Medication Record: The facility must maintain records in sufficient detail to assure that:

1. Clients receive the medications authorized by a licensed health care professional; and
2. The facility is alerted to theft or loss of medication.

Each client must have an individual medication administration record which must include:

1. Identification of the client;
2. Name of the medication given;
3. Date, time, dosage and method of administration for each medication administered or provided; and the identification of the person who administered or provided the medication; and
4. Client's medication allergies and sensitivities, if any.

19-006.16E7 Disposal of Medications: Medications that are discontinued by the licensed health care professional and those medications which are beyond their expiration date, must be destroyed. The facility must develop and

implement policies and procedures to identify who will be responsible for disposal of medications and how disposal will occur within the facility.

19-006.16E8 Medication Provision during Temporary Absences: When a client is temporarily absent from the facility, the facility must put medication scheduled to be taken by the client in a container identified for the client.

19-006.17 Food Service The facility must ensure food is of good quality, properly prepared, and served in sufficient quantities and frequency to meet the daily nutritional needs of each client. The facility must ensure that clients receive special diets when ordered by a licensed health care professional. Foods must be prepared in a safe and sanitary manner.

19-006.17A Menus: The facility must ensure that:

1. Meals and snacks are appropriate to the clients needs and preferences. A sufficient variety of foods must be planned and served in adequate amounts for each client at each meal. Menus must be adjusted for seasonal changes.
2. Written menus are based on the Food Guide Pyramid or equivalent and modified to accommodate special diets as needed by the client.
3. Records of menus as served are maintained for a period not less than 14 days.

19-006.17B Client Involvement in Food Service: When clients are involved in the food service of the facility, the facility must ensure that each client is trained so that nutritional adequacy and food safety standards are observed.

19-006.18 Record keeping Requirements: The facility must maintain complete and accurate records to document the operation of the facility and care and treatment of the clients.

19-006.18A Client Records: A record must be established for each client upon admission. Each record must contain sufficient information to identify clearly the client, to justify the care and treatment provided and to document the results of care and treatment accurately.

19-006.18A1 Content Each record must contain, when applicable, the following information:

1. Dates of admission and discharge;
2. Name of client;
3. Gender and date of birth;
4. Demographic information, including address and telephone number;
5. Physical description or client photo identification;

6. Admission assessment information and determination of eligibility for admission;
7. Health screening information;
8. Individualized service plans;
9. Physician orders;
10. Medications and any special diet;
11. Significant medical conditions;
12. Allergies;
13. Person to contact in an emergency, including telephone number;
14. Fee agreement;
15. Documentation of care and treatment provided, client's response to care and treatment, change in condition and changes in care and treatment;
16. Discharge and transfer information;
17. Client rights; and
18. Referral information.

19-006.18B Client Record Organization: The facility must ensure that records are systematically organized to ensure permanency and completeness.

19-006.18B1 Record Entries: All record entries must be dated, legible and indelibly verified. In the case of electronic records, signatures may be replaced by an approved, uniquely identifiable electronic equivalent.

19-006.18B2 Confidentiality: The facility must keep records confidential unless medically contraindicated. Records are subject to inspection by authorized representative of the Department.

19-006.18B3 Retention: Client records must be retained for a minimum of two years.

19-006.18B4 Access: Client information and/or records may be released only with the consent of the client or client's designee or as required by law. When a client is transferred to another facility or service, appropriate information must be sent to the receiving facility or service.

19-006.18B5 Administrative Changes: If a facility changes ownership or administrator, all client records must remain in the facility. Prior to the dissolution of any facility, the Administrator must notify the Department in writing as to the location and storage of client records.

19-006.19 Discharge/Transfer Requirements

19-006.19A Discharge/Transfer Criteria: Facility must establish written discharge criteria which is used by the facility administrator or designee to determine appropriate discharge or transfer for each client. The criteria establishing basis for discharge must include:

1. Client no longer needs or desires services provided at the facility;
2. Client requires services or treatment not available at the facility;
3. Client behavior poses a threat to the health or safety of him or herself or to others and cannot be addressed with care and treatment available at the facility;
4. Nonpayment of fees in accordance with fee policy; and
5. Client violates house rules resulting in significant disturbance to other clients or members of the community.

19-006.19B Discharge Plan: Within the first 30 days of admission a discharge plan must be developed including:

1. Plan for follow up or continuing care; and
2. Documentation of referrals made for the client.

19-006.19C Discharge Summary: The facility must document a summary in the client record which includes description of client's progress under the individualized service plan and reason(s) for discharge or transfer from the facility.

19-006.19D Transfer: The facility must ensure the timely transfer of appropriate client record information as authorized by the client or designee by a signed release of information.

19-006.20 Infection Control: The facility must have a system for management of identified infections within the facility which includes the use of standard precautions for prevention of transmission of infections among clients and /or staff.

19-006.21 Safety Plan: The facility must have a system to identify and prevent the occurrence of hazards to clients. Examples of hazards to be identified and prevented are: dangerous substances, sharp objects, unprotected electrical outlets, extreme water temperatures, and unsafe smoking practices.

19-006.22 Environmental Services: The facility must provide a safe, clean, and comfortable environment for clients which allows the client to use his/her personal belongings as much as possible. Every detached building on the same premises used for care and treatment must comply with these regulations.

19-006.22A Housekeeping and Maintenance: The facility must provide housekeeping and maintenance necessary to protect the health and safety of clients.

19-006.22A1 Facility's buildings and grounds must be kept clean, safe and in good repair.

19-006.22A2 The facility must take into account client habits and lifestyle preferences when housekeeping services are provided in the bedrooms/living area.

19-006.22A3 All garbage and rubbish must be disposed of in a manner as to prevent the attraction of rodents, flies, and all other insects and vermin. Garbage and rubbish must be disposed in a manner as to minimize the transmission of infectious diseases and minimize odor.

19-006.22A4 The facility must provide and maintain adequate lighting, environmental temperatures and sound levels in all areas that are conducive to the care and treatment provided.

19-006.22A5 The facility must maintain and equip the premises to prevent the entrance, harborage, or breeding of rodents, flies, and all other insects and vermin.

19-006.22B Equipment, Fixtures, Furnishings: The facility must provide equipment, fixtures and furnishings and maintain these things so they are clean, safe and in good repair.

19-006.22B1 The facility must provide equipment adequate for meeting the clients needs as specified in each client's individualized service plan.

19-006.22B2 The facility must furnish common areas and client sleeping areas with beds, chairs, sofas, tables, and storage items that are comfortable and reflective of client needs and preferences. The facility must provide furnishings. If the client chooses to use his/her own furnishings, the facility must reasonably accommodate the client's choice.

19-006.22B3 The facility must establish and implement a process designed for routine and preventative maintenance of equipment and furnishings to ensure that the equipment and furnishings are safe and functions to meet their intended use.

19-006.22C Linens: The facility must be responsible for providing each client with an adequate supply of clean bed, bath, and other linens as necessary for care and treatment. Linens must be in good repair.

19-006.22C1 The facility must establish and implement procedures for the storage and handling of soiled and clean linens.

19-006.22C2 When the facility provides laundry services, water temperatures to laundry equipment must exceed 160 degrees Fahrenheit or the laundry may be appropriately sanitized or disinfected by other acceptable methods.

19-006.22D Pets: The facility must make certain that any facility owned pet does not negatively affect clients. The facility must have policies and procedures regarding pets that include:

1. An annual examination by a licensed veterinarian;
2. Vaccinations as recommended by the licensed veterinarian that include, at a minimum, current rabies vaccinations for dogs, cats, and ferrets;
3. Provision of pet care necessary to prevent the acquisition and spread of fleas, ticks, and other parasites; and
4. Responsibility for care and supervision of the pet by facility staff.

19-006.22E Environmental Safety: The facility must be responsible for maintaining the facility in a manner that minimizes accidents.

19-006.22E1 The facility must maintain the environment to protect the health and safety of clients by keeping surfaces smooth and free of sharp edges, mold and dirt; keeping floors free of unsafe objects and slippery or uneven surfaces and keeping the environment free of other conditions which may pose a potential risk to the health and safety of the clients.

19-006.22E2 The facility must maintain all doors, stairways, passageways, aisles or other means of exit in a manner that provides safe and adequate access for care and treatment.

19-006.22E3 The facility must provide water for bathing and hand washing at safe and comfortable temperatures to protect clients from the potential for burns and scalds.

19-006.22E3a The facility must establish and implement policies and procedures:

1. To determine the client's mental, physical, and psychological ability to protect himself or herself from injury due to hot water; and
2. To maintain, whether by means of plumbing devices or direct staff monitoring, water temperatures that accommodate client safety, comfort and preferences.

19-006.22E3b Water at bathing and hand washing fixtures must not exceed 125 degrees Fahrenheit.

19-006.22E4 The facility must establish and implement policies and procedures to ensure hazardous/poisonous materials are properly handled and stored to prevent accidental ingestion, inhalation, or consumption of the hazardous/poisonous materials by clients.

EFFECTIVE DATE
12/22/03

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19-006.22E5 The facility must restrict access to mechanical equipment which may pose a danger to clients.

19-006.22F Disaster Preparedness and Management: The facility must establish and implement procedures to ensure that clients care and treatment, safety, and well-being are maintained during and following instances of natural disasters, disease outbreaks, or other similar situations.

19-006.22F1 The facility must establish plans to move clients to points of safety or provide other means of protection in case of fire, tornado, or other natural disasters or the threat of ingestion, absorption or inhalation of hazardous materials.

19-006.22F2 The facility must ensure that food, water, medicine and medical supplies, and other necessary items for care and treatment are available and obtainable from alternate sources.

19-006.22F3 The facility must establish plans to move and house clients in points of safety when the building or a portion of the building is damaged to the point it is uninhabitable. Damage may be due to fire, tornadoes or other disasters.

19-006.22F4 The facility must establish plans to provide for the comfort, safety, and well being of clients in the event of electrical or gas outage, heating, cooling or sewage systems failure, or loss or contamination of water supply.